

## **APPLICATION FOR AMBULANCE SERVICE CERTIFICATE OF NECESSITY** **GENERAL INSTRUCTIONS AND INITIAL FILING REQUIREMENTS**

1. **Application for Ground Ambulance Service Certificate of Necessity.** File a separate application for **EACH** service area requested. Complete **ALL** parts of the Application and any other documents to be filed. If an item does not apply, indicate "Not Applicable" or some other appropriate wording.
2. **Filing Fee.** Send a \$100.00 **NON-REFUNDABLE** filing fee with **EACH** Application for a Certificate of Necessity, payable to the Arizona Department of Health Services.

### **SECTION I**

3. **Name of Ambulance Service and DBA.** Provide legal business or corporate name of your ambulance service and any DBA. The name of your ambulance service and any DBA should be the same as that reflected on your Application for Registration of Ambulance and what you intend to be entered on your Certificate of Necessity and your Ambulance Certificate of Registration, should you be granted authority to operate an ambulance service in this State.

### **SECTION II**

4. **Name of Applicant and Responsible Individuals.** If corporation, provide requested information on any principal stockholders having 20% or more stock in corporation. If Fire District, provide name of all board members and residence address. If municipality, provide name and address of all key officials. Attach additional sheets if necessary.
5. **Business Representative or Designated Manager.** Provide requested information on the individual that the Department should contact regarding matters or actions relating to or affecting your ambulance services day-to-day operations.
6. **Statutory Agent.** This is normally the individual that conducts legal matters for your business organization.

### **SECTION III**

7. **Level of Service to be Provided.** Indicate the level of service you intend to provide on a 24-hour/7 days-a-week basis to the public. If you have **less than five (5)** ALS-level ambulance attendants, provide a statement as to how you intend to provide ALS service to the public on a 24-hour/7 days-a-week basis.

## SECTION IV

8. **Sub-Operation Station(s).** Any sub-operation station(s) listed **must** be a physical facility at which you intend to conduct ambulance service operations for the dispatch of ambulances and personnel and which is **within** your proposed service area.
9. **Base Hospital(s).** List only those hospitals with which you intend to enter into a contract for medical direction of your ALS certified personnel.

## SECTION V

10. **Ambulances.** List all ambulances proposed to be operated in your proposed service area. If you are not an existing ambulance service and do not have any ambulances, provide a statement as to how and when you intend to obtain your ambulances should you be granted authority to operate an ambulance service in this State. Therefore, an applicant does not have to have an ambulance prior to filing its application.

## SECTION VI

11. **Ambulance Attendants.** List the number of persons in each category that you have employed or intend to employ. Therefore, an applicant does not have to have ambulance attendants already hired prior to filing its application.

## OTHER

12. **Insurance or Financial Responsibility.** Provide copy of Certificate of Insurance from insurance company authorized to transact business in this State, **OR** documentation of self-insurance, **OR** statement from insurance company that they are willing to provide required insurance coverage should you be granted authority to operate an ambulance service in this state. Therefore, an applicant does not have to have required insurance prior to filing its application.
13. **Additional Documents, Exhibits or Statements.** Provide any other items that you believe would be beneficial and would further assist the Department in making an informed decision as to the granting of an initial Certificate of Necessity and the setting of initial rates and charges.

Note: Prior to filing your application, we strongly recommend that you contact our Rate Analysis Unit for any guidance or assistance in the completion of the required Ambulance Revenue and Cost Report.

May 2001